2005 FOR PROFIT CORPORATION ANNUAL REPORT

Aug 12, 2005 8:00 am Secretary of State 08-12-2005 90001 031 ***150.00 DOCUMENT # P98000084177 TECHNICAL MANUFACTURING PROPERTIES, INC. 50061203 Principal Place of Business Mailing Address 9921 KENDA DR 9921 KENDA DR RIVERVIEW, FL 33569 RIVERVIEW, FL 33569 07212005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3536860 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DICKINSON, ROBERT G-III DO NOT WRITE 34640 U.S 19 NORTH SUITE 4 PALM HARBOR, FL 34684 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent (NOTE: Register signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Added to Fees Due by September 7, 2005 OFFICERS AND DIRECTORS 10. PD TITLE NAME BAILEY, DAVID F 9921 KENDA DRIVE STREET ADDRESS CHTY-ST-Z# RIVERVIEW, FL 33569 DST ITTLE BAILEY, MARIANN NAME STREET ADDRESS 9921 KENDA DRIVE CITY-ST-ZIP RIVERVIEW, FL 33569 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in changed, or on a

SIGNATURE:

STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR

FILED

ATTACHMENT

5006/203 # P98000084177

informed by your office to Send check Decord of Jost check. Please waive as it is 1st lost in 8 years. Thankyou, Marian Baily





Annual Report

Annual Report Help

Document Number P98000084172 Business Entity Name

TECHNICAL MANUFACTURING PROPERTIES, INC.

After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if filing after May 1st and notice was not received.

FEI Number

593536860

FEI Number Status

Applied For

Not Applicable

Current

Certificate of Status Desired

Yes

\$8.75 each

Election Campaign Financing Trust Fund Contribution

Yes

No No

Principal Place of Business

Address

9921 KENDA DR

Suite, Apt. #, etc.

City, State

RIVERVIEW

FL

Zip Code & Country 33569

Mailing Address

Address

9921 KENDA DR

Suite, Apt. #, etc.

City, State

RIVERVIEW

, FL

Zip Code & Country 33569

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

Bailey Mariana DICKINSON ROBERT 6 111

-or- RA Business Name

Address (PO Box is not acceptable) 31640 U.S. 19 NORTH SUITE 4 9921 Kenda DV

Suite, Apt. #, etc.

City, State

,FL 33569

Zip Code & Country

PALM HARBOR
RIVEY VIEW

ATTACHMENT

34684

us#p9800084177

It, the new agent will need to type their re' block below to accept the designation

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06. Florida Statutes.

Officer/Director Name And Address

Title PD Name (Last, First, Middle, Title) BAILEY DAVID -or- Entity Name Street Address 9921 KENDA DRIVE City, State **RIVERVIEW** FL Zip Code & Country 33569 Title DST Name (Last, First, Middle, Title) BAILEY MARIANN -or- Entity Name Street Address 9921 KENDA DRIVE City, State RIVERVIEW FL Zip Code & Country 33569 Title Name (Last, First, Middle, Title) -or- Entity Name Street Address City. State Zip Code & Country Title Name (Last, First, Middle, Title) -or- Entity Name Street Address City, State

Zip Code & Country

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